

PETITIONER'S INFORMATION SHEET TO COURT INVESTIGATOR

(1) Case Number: GC_____

(2) **1. ABOUT THE PROPOSED WARD:**

Name: _____

Present Address: _____ City, State, Zip: _____

Permanent Address: _____

Phone Number: _____

Daytime Location: _____

Spouse's Address: _____ City, State, Zip: _____

Language person speaks, or other information about communication barriers: _____

Has the person served in the military? [] Yes [] No

(3) **2. ABOUT THE PROPOSED GUARDIAN AND/OR CONSERVATOR:**

NAME: _____ SSN/State ID Number: _____

Street Address: _____ City, State, Zip: _____

Home Phone Number: _____ Work Phone Number: _____

Relationship to Proposed Ward: _____

NAME: _____ SSN/State ID Number: _____

Street Address: _____ City, State, Zip: _____

Home Phone Number: _____ Work Phone Number: _____

Relationship to Proposed Ward: _____

(4) **3. ABOUT THE COURT-APPOINTED PHYSICIAN:**

Name: _____ Phone Number: _____

Street Address: _____ City, State, Zip: _____

(5) **4. ABOUT PETITIONER'S ATTORNEY:**

Name: _____ Phone Number: _____

Street Address: _____ City, State, Zip: _____

For Court Use Only:

Date and Time of Hearing: _____

Commissioner: _____